

UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE

VS
Plaintiff(s)

2020 SEP 22 A 9:27

Case No. _____

v.
Cartmell
Defendant(s)

MOTION TO/FOR waive mask requirement.
(enter title of motion)

Per ADM2, Order 2025 item 11.

I request a waiver of the mask requirement.
I have a medical condition and in addition
I am a minister and such headwear as a
mask or face shield is against my religion.
I am on the defendant's guest list.

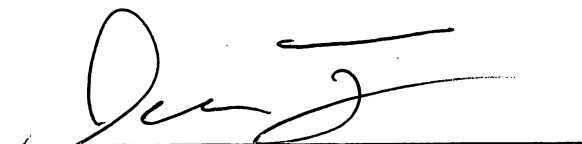
Further, court proceedings are open to the
public. If I am denied entry, as a member
of the media, I would like access to an
online feed of the proceedings.

I am a blogger at FreeKeene.com and a nationally
syndicated talk show host on "FreeTalk Live".

(Attach additional sheets if necessary)

Date:

9/22/20


Signature

MEMORANDUM OF LAW

Pursuant to LR 7.1(a)(2), every motion shall be accompanied by a memorandum with citations to supporting authorities or a statement explaining why a memorandum is unnecessary.

- ☒ I have attached a supporting memorandum of law to this motion.
- ☒ I have NOT attached a memorandum of law because none is required (explain your reasoning below).

I've checked these boxes on the recommendation of Dan Lynch.

CONCURRENCES SOUGHT

Pursuant to LR 7.1(c), any party filing a motion other than a dispositive motion (a dispositive motion seeks an order disposing of one or more claims in favor of the moving party, for example, a motion to dismiss or a motion for summary judgment) shall certify to the court that a good faith attempt has been made to obtain concurrence/agreement in the relief sought. If concurrence is obtained, the moving party shall so note.

I certify the following (choose one):

- ☐ All parties have assented/agreed to this motion.
- ☐ I made a good faith attempt, but was unable to successfully obtain concurrence/agreement from all parties.
- ☒ I have NOT attempted to obtain concurrence/agreement because it is not required.

CERTIFICATE OF SERVICE

I hereby certify that this motion was served on the following persons on the date and in the manner specified below:

Person(s) served electronically (via ECF):

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Person(s) served by mail. Please include address(s):

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Person(s) served by hand:

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Date of Service: _____

Signature

Name: _____

Address: _____

Phone: _____

Email: _____